

**UTAH ACCIDENT & HEALTH INSURANCE
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION**

INSURER NAME: _____ **NAIC#:** _____

Answer all questions in detail. Complete a separate form for each group. Discretionary Group authorization must be obtained prior to submitting any rate and form filings.

1. GROUP INFORMATION:

Policyholder Name: _____
Group Name: _____
Date group was formed: ____/____/____ By whom: _____
Describe the purpose of group? _____
Qualifications for membership: _____
Is the group composed of other groups or other unrelated persons? Yes ____ No ____
List and explain all other groups and/or unrelated persons: _____

2. TRUST INFORMATION:

Is a trust involved? Yes ____ No ____ If yes, name of the trust _____ Trust domicile state ____
When was trust was formed: ____/____/____ By whom: _____
Trustee Name: _____ Trustor Name: _____
Trust administrator name: _____
Purpose of the trust: _____

3. BILLING, COLLECTION & PAYMENT OF PREMIUMS:

Mark all that are applicable
____ Payroll deduction _____ Trust administrator collects premiums and forwards to insurer
____ Billed individually _____ Automatic charges to a credit card or open charge account
____ Deductions from a depository account
____ Paid by the policyholder from its own funds or funds contributed by insureds and forwarded to insurer
____ Other: _____

4. MARKETING:

Type of insurance products to be marketed: _____
Identify all organizations and individuals involved in marketing and describe their functions: _____

Where do the leads for marketing or enrolling group members originate: _____

Describe the marketing and enrolling: _____
Who performs the marketing or enrolling of the group:
____ Employees of the insurer _____ Enrolled by policyholder (the individual is a member of the group)
____ Mass solicitation (i.e. direct mail, internet) _____ Solicited individually by producers licensed in Utah
____ Other: _____

5. REQUIRED DOCUMENTS TO BE SUBMITTED:

____ Complete copy of trust agreement, bylaws, and/or articles of incorporation.
____ Certification signed by a qualified actuary that states the proposed group is actuarially sound.
____ Additional materials submitted to further describe the group.
____ Other: _____

6. CERTIFICATION: Initial each item.

____ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs.
____ By completing this form, the company certifies that the marketing will be limited to the group identified herein. If the product is to be marketed to other groups, a new questionnaire must be submitted to the department.

Print Name Title

Original or Digital Signature Date

For general questions contact Julie Chytraus at (801) 538-3816 or jchytraus@utah.gov.